

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> UC Berkeley Custodians, Cooks, Groundskeepers and Nurse Assistants Supporting Aisha Wahab for Senate 2022 sponsored by American Federation of State, County and Municipal Employees Local 3299			<b>Date of This Filing</b> 11/03/2022	Date Stamp      Page 1 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (510)844-1160	I.D. NUMBER (if applicable) 1447541	<b>Report No.</b> 110322			
STREET ADDRESS					
CITY Oakland	STATE CA	ZIP CODE 94612	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> 2		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/02/2022	American Federation of State, County, and Municipal Employees Local 3299 Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42,000.00
11/02/2022	American Federation of State, County and Municipal Employees Local 3299 Oakland, CA 94612  ID# 1312649	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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2022 sponsored by American Federation of State, County and Municipal Employees Local 3299

AREA CODE/PHONE NUMBER  
(510)844-1160

I.D. NUMBER (if applicable)  
1447541

STREET ADDRESS

CITY  
Oakland

STATE  
CA

ZIP CODE  
94612

Date of  
This Filing 11/03/2022

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☐ Amendment  
to Report No. (explain below)

No. of Pages 2

Date Stamp

Page 2 of 2

**CALIFORNIA  
FORM 497**

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## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: